



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, 4TH FLOOR, SANTA CRUZ, CA 95060
(831) 454-2580

DATE STAMP

PUBLIC RECORDS REQUEST FORM

You are not required to complete this form but completing it will assist us in providing your requested records

REQUEST TO ACCESS RECORDS
 View electronic version OK, if available

REQUEST FOR COPIES
 electronic copies OK, if available

REQUESTOR INFORMATION (PLEASE PRINT OR TYPE)

REQUESTOR NAME: _____

MAILING ADDRESS: _____

Please indicate the best way for staff to reach you regarding your request:

PHONE: _____ MOBILE: _____

E-MAIL: _____

DESCRIPTION OF RECORDS REQUESTED (If known, the following information will help fulfill your request)

Assessor's Parcel Number(s): _____

Property Address: _____

Type of Records, if known:

Planning Building Code Enforcement Other All

Time Period for Records: Beginning Date ___/___/___ Ending Date ___/___/___

Description: _____

Received by: _____

Date Received: _____

Send to: Executive Secretary, bernice.shawver@santacruzcounty.us and Records Room Staff immediately